

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10/M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12558

## 11983 CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED						
COUNTY		MARYLAND		STATE Maryland		COUNTY				
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		TOWN				
TOWN Oakland		10 days		Kensington		7015				
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS						
7015 Garrett County Memorial Hospital				4403 Franklin Street						
3. NAME OF DECEASED (Type or Print)				4. DATE (Month) (Day) (Year)						
Rose Ann Maroney Coglan				December 29 1955						
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	10. IF UNDER 1 YEAR	11. IF UNDER 24 HRS.				
F	W	W	July 27, 1876	79 yrs.	Months	Days	Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?	
Housewife						Maryland			USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME						
Michael Maroney				Heef, Bridget						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)			16. SOCIAL SECURITY NO.			17. INFORMANT & ADDRESS				
(If Yes, give war or dates of service)						Bridget C. Maroney, Oakland, Md.				
18. MEDICAL CERTIFICATION										
<p>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 IMMEDIATE CAUSE (A) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSE(S) DUE TO (B) <u>Art. C. V. D.</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Limitis</u></p> <p>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</p>									INTERVAL BETWEEN ONSET AND DEATH <u>Four months</u> <u>years</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County)		(State)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from 11/25, 1955, to 12-29, 1955, that I last saw the deceased alive on 12-29, 1955, and that death occurred at 11:00 AM from the causes and on the date stated above.									ADDRESS (Street, city, town, state)	DATE SIGNED 12/29/55
SIGNATURE <u>James J. Lushy</u>		M. D.								
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Dec 31-1955		NAME OF CEMETERY OR CREMATORIAL Oakland		LOCATION (City, town, or county) Oakland, Md.				
24. REC'D BY REGISTRAR Jan 1/56		REGISTRAR'S SIGNATURE James Lushy		25. FUNERAL DIRECTOR'S SIGNATURE Emroy Borden Oakland Md		ADDRESS				
DATE										

DEPARTMENT OF STATE - WASHINGTON, D. C.

RECEIVED BY STATION TO STATE

10-102

10-102

10-102

BUREAU U. S.

JAN 15 195

RECEIVED

## INSTRUCTIONS

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VS AISC 1-55 10W

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11984

## CERTIFICATE OF DEATH

11979  
166

Reg. Dist. No.

## 1. PLACE OF DEATH

COUNTY G ARRETT  
CITY (If outside corporate limits, write RURAL  
OR and give nearest town)  
TOWN OAKLAND

MARYLAND

LENGTH OF STAY  
(in this place)  
17 hrs. 20 min.

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

70 GARRETT COUNTY MEMORIAL HOSPITAL

## 2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MARYLAND COUNTY GARRETT

CITY (If outside corporate limits, write RURAL and give nearest town)

OR  
TOWN MT. LAKE PARK

STREET  
ADDRESS

3. NAME OF  
DECEASED  
(Type or Print)

MARY

ELEANOR

HARVEY

4. DATE (Month) (Day) (Year)  
OF  
DEATH DECEMBER 2 1955

5. SEX

F

6. COLOR OR  
RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify)

MARRIED

8. DATE OF BIRTH

SEPTEMBER 3, 1878

9. AGE last birthday

77 yrs.

IF UNDER 1 YEAR

Months

IF UNDER 24 HRS.

Days Hours Min.

10e. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if  
retired)

MERCHANT

10b. KIND OF BUSINESS  
OR INDUSTRY

STORE

11. BIRTHPLACE (State or foreign country)

NEW YORK

12. CITIZEN OF WHAT  
COUNTRY?

U.S.

13. FATHER'S NAME

WILLIAM E. LANDON

14. MOTHER'S MAIDEN NAME

SARAH ELLA DINTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT &amp; ADDRESS

JANE H. HUMBERTSON MT. LAKE PARK, MD.

## 18. MEDICAL CERTIFICATION

420.1  
IMMEDIATE CAUSE

(A)

ANTECEDENT CAUSE(S)

(B)

DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

(C)

DUE TO

(B)

DUE TO

(C)

DUE TO

(C)

Coronary Occlusion  
Art. C. V. T. ?INTERVAL BETWEEN  
ONSET AND DEATH

18 hrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE OF DEATH

(If either, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED  
While  
at work  Not while  
at work 

21f. HOW DID INJURY OCCUR?

M.



## INSTRUCTIONS

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VS A15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12559

## CERTIFICATE OF DEATH

11985

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <b>Garrett</b>		MARYLAND		STATE <b>Maryland</b>		COUNTY <b>Garrett</b>	
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <b>Oakland</b>		75 yrs.		TOWN <b>Oakland</b>		TOWN <b>Oakland</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Weeks Nursing Home</b>				STREET ADDRESS <b>Third Street</b>			
3. NAME OF DECEASED (Type or Print) <b>Edward William Helbig</b>				4. DATE (Month) (Day) (Year) <b>Dec. 29, 1955</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 25, 1875</b>	9. AGE last birthday <b>80</b>	10. IF UNDER 1 YEAR Months <b>0</b>	11. IF UNDER 24 HRS. Days <b>0</b>	12. Hours <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Dairymen</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>			
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>John Helbig</b>				14. MOTHER'S MAIDEN NAME <b>Mary Brinkman</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <b>Donald E. Helbig      Oakland, Md.</b>			
18. MEDICAL CERTIFICATION							
<p>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <p><i>4/2/1</i>      IMMEDIATE CAUSE      (A) <i>Brandy pneumonia</i>            ANTECEDENT CAUSE(S)      DUE TO <i>arteritis</i>            DISEASES OR CONDITIONS, IF ANY,      (B) <i>arteritis</i>            GIVING RISE TO THE ABOVE CAUSE      DUE TO <i>arteritis</i>            STATING UNDERLYING CAUSE LAST.      (C) <i>arteritis</i></p> <p>INTERVAL BETWEEN ONSET AND DEATH <i>36 hrs</i></p>							
<p>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</p>							
19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>M.</i>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
<p>22. I hereby certify that I attended the deceased from <i>Jan 1946</i> to <i>Dec 29, 1955</i>, that I last saw the deceased alive on <i>29 Dec 1955</i>, and that death occurred at <i>7:30 P.M.</i> from the causes and on the date stated above.</p> <p>SIGNATURE <i>E. Helbig M</i></p>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		DATE THEREOF <b>1/2/56</b>		NAME OF CEMETERY OR CREMATORIAL <b>Catholic Church Cem.</b>		ADDRESS (Street, city, town, state) <b>oakland Md</b>	
24. REC'D BY REGISTRAR DATE <b>1/1/58</b>		REGISTRAR'S SIGNATURE <i>Julia C. Wong</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Herbert C. Teigston</i>		ADDRESS <b>Oakland, Md.</b>	

CERTIFICATE OF DEATH

BUREAU V. S.

JAN 6 1955

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VS A15C 1-55 10W

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11980

## 11986 CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <del>X</del> Garrett	MARYLAND	STATE N. Carolina COUNTY Cumberland	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <del>X</del> Oakland	LENGTH OF STAY (In this place) 5 Weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fayetteville	<del>70X-3</del>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <del>90</del> Evans Nursing Home		STREET ADDRESS 238 Cool Spring St.	(If rural give location)
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year) OF DEATH Dec. 14, 1955	
William Frederick Janoske			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Jan. 13, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber Dealer		10b. KIND OF BUSINESS OR INDUSTRY Whosale	9. AGE last birthday 74 yrs.
13. FATHER'S NAME Charles A. Janoske		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. ----	12. CITIZEN OF WHAT COUNTRY? U.S.A.
17. INFORMANT & ADDRESS Greeley Janoske Oakland, Md.		14. MOTHER'S MAIDEN NAME Caroline Rose Shaffer	
18. MEDICAL CERTIFICATION			
<p>442X IMMEDIATE CAUSE (A) <i>Acute myocardial infarction</i></p> <p>ANTECEDENT CAUSE(S) DUE TO (B) <i>Cardio-Vascular and Diabetic</i></p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C) <i>with edema</i></p> <p>STATING UNDERLYING CAUSE LAST.</p>			
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <del>Dec. 13, 1955</del> to <del>Dec. 14, 1955</del> , that I last saw the deceased alive on <del>Dec. 13, 1955</del> , and that death occurred at <del>2:45A.M.</del> from the causes and on the date stated above.			
SIGNATURE <i>Nath Rolandella</i> ADDRESS (Street, city, town, state) DATE SIGNED <i>Dec. 15 1955</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 12/16/1955	NAME OF CEMETERY OR CREMATORIUM Red House Cemetery	LOCATION (City, town, or county) Garrett Co., Md.
24. REC'D BY REGISTRAR DATE 1/16/55	REGISTRAR'S SIGNATURE <i>Julia Ponson</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Heribert C. Leighton</i> Oakland, Md.	

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## INSTRUCTIONS

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**TO FUNERAL DIRECTORS:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-5 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11981

## CERTIFICATE OF DEATH

11987

Reg. Dist. No. 167

## 1. PLACE OF DEATH

COUNTY **GARRETT**  
 CITY (If outside corporate limits, write RURAL  
 OR and give nearest town)  
 TOWN **RURAL OAKLAND MD**  
 HOSPITAL OR  
 INSTITUTION OR  
 STREET ADDRESS  
 100

MARYLAND

LENGTH OF STAY  
 (In this place)

## 2. USUAL RESIDENCE (HOME) OF DECEASED

STATE **MD**  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR  
 TOWN **RURAL OAKLAND MD**  
 STREET  
 ADDRESS  
 (If rural give location)

3. NAME OF  
 DECEASED  
 (Type or Print)(First) **MAGNOLIA** (Middle) **BALL**(Last) **KIGHT.**4. DATE (Month) (Day) (Year)  
 OF DEATH **DEC. 11 1955.**5. SEX **FEMALE** 6. COLOR OR  
 RACE **WHITE**7. SINGLE, MARRIED,  
 WIDOWED, DIVORCED,  
 (Specify) **MARRIED**8. DATE OF BIRTH  
 OCT. 8-18799. AGE last birthday  
 76 yrs.IF UNDER 1 YEAR  
 Months Days Hours Min.10. USUAL OCCUPATION (Give kind of work  
 done during most of working life, even if  
 retired) **HOUSEWIFE**10b. KIND OF BUSINESS  
 OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**CALHOUN Co. W.VA.**12. CITIZEN OF WHAT  
 COUNTRY? **U.S.**

13. FATHER'S NAME

**MAC FARLAND** **BALL**

14. MOTHER'S MAIDEN NAME

**BROWNIE YAK.**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
 (Yes, no, or unk.) **9** (W Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT &amp; ADDRESS

**EDWARD KIGHT OAKLAND MD** RT-2

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

**420.1** IMMEDIATE CAUSE

(A)

**Coronary Occlusion**INTERVAL BETWEEN  
 ONSET AND DEATH**Sudden**ANTECEDENT CAUSE(S)  
 DISEASES OR CONDITIONS, IF ANY,  
 GIVING RISE TO THE ABOVE CAUSE  
 STATING UNDERLYING CAUSE LAST.

DUE TO

(B)

**Myocardial Heart Disease, Chronic**

3 yrs.

DUE TO

(C)

**Arteriosclerosis**

6 yrs.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
 TO THE DEATH BUT NOT RELATED TO THE  
 DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO 21a. ACCIDENT WAS UNDERLYING   
 OR CONTRIBUTING  CAUSE OF DEATH  
 (If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,  
 OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21a. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

M. While at work  Not while at work 22. I hereby certify that I attended the deceased from **13 Sept. 1955** to **11 Dec. 1955**, that I last saw the deceased  
 alive on **10 Dec. 1955**, and that death occurred **10 30 A.M.** from the causes and on the date stated above.

SIGNATURE

**Elmer C. Shaffer**

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION,  
 REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county)

(State)

**BURIAL**

DEC-14-1955

**RED HOUSE CEMETERY****RED HOUSE****MD.**

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE **12/17/55****Elmer C. Shaffer****Emroy Bolden****OAKLAND MD**

FEBRUARY 1930

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ENTROPY-WEIGHT CULTURE

BUREAU V. S.

DEC 21 1955

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VS A15C-155 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11988

## CERTIFICATE OF DEATH

11982

Reg. Dist. No. ....

1. PLACE OF DEATH COUNTY GARRETT CITY (if outside corporate limits, write RURAL OR and give nearest town) TOWN KITZMILLER		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY GARRETT CITY (if outside corporate limits, write RURAL and give nearest town) OR TOWN KITZMILLER STREET ADDRESS (If rural give location) HAZEL STREET	
3. NAME OF DECEASED (Type or Print) ANTONIO		4. DATE (Month) (Day) (Year) OF DEATH DEC. 20, 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH AUG. 15, 1883
9. AGE last birthday 72 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if Retired miner)	
11. BIRTHPLACE (State or foreign country) Shadowa, Russia		12. CITIZEN OF WHAT COUNTRY? ✓ Russia	
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unk.) No		16. SOCIAL SECURITY NO. 216-07-5265	
17. INFORMANT & ADDRESS U.M.W. of A. Records-Kitzmiller,		18. MEDICAL CERTIFICATION Md.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  442 IMMEDIATE CAUSE (A) <i>Acute myocardial infarction</i> ANTECEDENT CAUSE(S) DUE TO <i>Coronary - Vascular Card. Disease</i> DISEASES OR CONDITIONS, IF ANY, (B) <i>with edema</i> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <i>1/2</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Dec. 20, 1955</i> to <i>Dec. 20, 1955</i> , that I last saw the deceased alive on <i>Dec. 20, 1955</i> , and that death occurred at <i>11:15 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>Ralph Calbaugh</i> M. D. <i>Kitzmiller</i> ADDRESS (Street, city, town, state) <i>Elk Garden, W. Va.</i> DATE SIGNED <i>Dec. 20, 1955</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 12/21/55	
NAME OF CEMETERY OR CREMATORIUM Kalbaugh Cemetery		LOCATION (City, town, or county) Elk Garden, W. Va. (State)	
24. REC'D BY REGISTRAR DATE 12/21/55		REGISTRAR'S SIGNATURE J.W. Barrick	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		O. J. Blaine, W. Va.	

81

1. PAGE WRITTEN PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

11983

11989

CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

Reg. Dist. No. ....

1. PLACE OF DEATH COUNTY <b>GARRETT</b>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>PENNA.</b>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <b>FRIENDSVILLE</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>FARMINGTON</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>RFD - WHITE Rock</b>		STREET ADDRESS <b>Rural - 2 miles east.</b>	
3. NAME OF DECEASED (Type or print) <b>KENNETH HUGH</b>		4. DATE OF DEATH <b>1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>1912</b>
10a. USUAL OCCUPATION (Give kind of work done during time of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS COUNTRY <b>Small yard</b>	11. BIRTHPLACE (State or foreign country) <b>Randolph Co. W. Va</b>
13. FATHER'S NAME <b>Oscar Lohr</b>		14. MOTHER'S MAIDEN NAME <b>Hellie Dunnington</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY No. <b>168-14-6770</b>	
17. INFORMANT AND ADDRESS <b>Oscar Lohr, Farmington, Pa.</b>		18. MEDICAL CERTIFICATION  <b>Hypoxia - due to aspiration of stomach contents</b>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  <b>Immediate cause</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		<b>(a) Cerebral edema - marked</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>?</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, or office bldg., etc.) <b>(CITY OR TOWN)</b> <b>(COUNTY)</b> <b>(STATE)</b>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <b>TIME (Month) (Day) (Year) (Hour) OF INJURY</b>		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> SIGNATURE <b>Thomas J. Lushy M.D.</b> (Degree or title) <b>ADDRESS</b> <b>Oakland, Md</b> DATE SIGNED <b>3 Dec 55</b>			
23. CEMETERY OR CREMATORIAL SPECIAL INFORMATION <b>DATE THEREOF</b> <b>NAME OF CEMETERY OR CREMATORIAL</b> <b>LOCATION (City, town, or county)</b> <b>(State)</b>			
DATE REC'D BY LOCAL REG. <b>Dec. 3 1955 - Mr. Ruth Tracy Deputy</b>		24. FUNERAL DIRECTOR <b>ADDRESS</b> <b>Bob Rodakauer Marchlewskey Jr.</b>	

REVIEWED

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **72 hours** after death. After this bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

11990

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY GARRETT		MARYLAND		STATE MARYLAND		COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN OAKLAND		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HUTTON		STREET ADDRESS (If rural give location)	
70 GARRETT COUNTY MEMORIAL HOSPITAL				X			
<b>3. NAME OF DECEASED (Type or Print)</b> SYLVESTER JACOB MARKLEY				<b>4. DATE OF DEATH</b> DEC. 9, 1955			
5. SEX MALE		6. COLOR OR RACE WHITE		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED		8. DATE OF BIRTH SEPTEMBER 15, 1872	
9. AGE last birthday 83 yrs.		10. KIND OF BUSINESS OR INDUSTRY TANNERY		11. BIRTHPLACE (State or foreign country) Sang Run, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JACOB MARKLEY				14. MOTHER'S MAIDEN NAME SALLY FRIEND			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS PAUL A. MARKLEY		18. MEDICAL CERTIFICATION 490X IMMEDIATE CAUSE (A) <i>Pneumonia, lobar</i>	
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTÉCEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH 1 wk			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Carcinoma of Prostate</i>				unknown			
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) TERRA ALTA, W. VA.		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 6, 1955, to Dec 9, 1955, that I last saw the deceased alive on Dec 9, 1955, and that death occurred at 6:00 PM, from the causes and on the date stated above. SIGNATURE <i>William Harriman</i> M. D. ADDRESS (Street, city, town, state) TERRA ALTA, W. VA. DATE SIGNED 12/10/55							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF DEC. 12, 1955		NAME OF CEMETERY OR CREMATORIAL TAYLOR SINES		LOCATION (City, town, or county) near SANG RUN, MD.	
24. REC'D BY REGISTRAR DATE 12/11/55		REGISTRAR'S SIGNATURE <i>Julia A. Rowan</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>H. J. O'Callaghan</i>		ADDRESS TERRA ALTA, W. VA.	

U. S.

1955

CONFIDENTIAL

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this  certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 11991 CERTIFICATE OF DEATH

11985  
166

Reg. Dist. No.

## 1. PLACE OF DEATH

COUNTY GARRETT  
CITY (If outside corporate limits, write RURAL  
OR and give nearest town)  
TOWN OAKLAND

MARYLAND

LENGTH OF STAY  
(in this place)  
13 HOURS.

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

GARRETT COUNTY MEDICAL HOSP.

## 2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MARYLAND

COUNTY GARRETT

CITY (If outside corporate limits, write RURAL and give nearest town)  
OR  
TOWN FRED. LEVILLE

STREET  
ADDRESS  
(If rural give location)

3. NAME OF  
DECEASED  
(Type or Print)

ROSIE

MAY

MC CROSIE

S. SEX  
FEMALE

6. COLOR OR  
RACE  
WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify) MARRIED

8. DATE OF BIRTH  
MAY 3, 1888

9. AGE last birthday  
67 yrs.

IF UNDER 1 YEAR  
Months Days Hours Mins.

10e. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if  
retired)

HOUSEWIFE

10b. KIND OF BUSINESS  
OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

SANG RUN, MARYLAND

12. CITIZEN OF WHAT  
COUNTRY?

U.S.A.

13. FATHER'S NAME

STEPHEN DE WITT

14. MOTHER'S MAIDEN NAME

JENNIE RODEHEWER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT &amp; ADDRESS

Mr. JOSEPH MC CROSIE, FRED. LEVILLE, MD

INTERVAL BETWEEN  
ONSET AND DEATH

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

468-3

IMMEDIATE CAUSE (A)

Cardiac Failure - Terminal

ANTECEDENT CAUSE(S) DUE TO  
DISEASES OR CONDITIONS, IF ANY, (B)  
GIVING RISE TO THE ABOVE CAUSE DUE TO  
STATING UNDERLYING CAUSE LAST. (C)

Lymphadenopathy. C.U.

10 weeks

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO 

21a. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(If either, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED  
M. While at work  Not while at work 

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Dec., 1947, to 14 Dec., 1947, that I last saw the deceased  
alive on 11 Dec., 1947, and that death occurred at 2:28 P.M. from the causes and on the date stated above.

SIGNATURE

H. Mance

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county)

(State)

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE 12/13/55 Jules A Rowan Cemetery NEAR SANG RUN MD.  
ADDRESS OAKLAND MD.

СИМЕНС В. А.

БЕЛ 12 1965

СИМЕНС В. А.

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10W

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11986

## 11992 CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town)	Garrett Maryland	STATE CITY (If outside corporate limits, write RURAL and give nearest town)	MARYLAND Maryland COUNTY Garrett
TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	Length of Stay (In this place) life	TOWN STREET ADDRESS	Rural - Frostburg (If rural give location)
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year)	
(First) (Middle) (Last)		Dec. 24, 1955	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower	8. DATE OF BIRTH 4-15-1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY own farmer	9. AGE last birthday 84 yrs.
13. FATHER'S NAME Jacob Mc Kenzie		14. MOTHER'S MAIDEN NAME Fanny Christner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. none	17. INFORMANT & ADDRESS Clarence McKenzie, Frostburg, Md.
18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 442.1 IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		19. MEDICAL CERTIFICATION DUE TO Bascular disease INTERVAL BETWEEN ONSET AND DEATH 16 g.s.	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Simplity			
21a. DATE OF OPERATION	21b. MAJOR FINDINGS OF OPERATION		
21c. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-1, 1955, to 12-24, 1955, that I last saw the deceased alive on 12-24, 1955, and that death occurred at 11:45 A.M. from the causes and on the date stated above. SIGNATURE H. C. Durst ADDRESS (Street, city, town, state) 118, Main St., Frostburg, Md. DATE SIGNED 12/24/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 12-27-1955	NAME OF CEMETERY OR CREMATORIAL St. Ann's Cemetery	LOCATION (City, town, or county) Garrett County, Md. (State)
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE H. C. Durst	25. FUNERAL DIRECTOR'S SIGNATURE J. R. Durst, Frostburg, Md.	
DATE 12-27-55		ADDRESS	

31  
9  
7/11/20

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**

11987

**11993 CERTIFICATE OF DEATH**Reg. Dist. No. **166****1. PLACE OF DEATH**COUNTY **GARRETT**

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)LENGTH OF STAY  
(In this place)TOWN **OAKLAND**

3 Hrs. 35 Min

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS**GARRETT COUNTY MEMORIAL HOSPITAL****3. NAME OF  
DECEASED  
(Type or Print)****EVA**

(Middle)

(Last)

**MICKEY****5. SEX**

FEMALE

6. COLOR OR  
RACE **WHITE**10a. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if  
retired)7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify) **WIDOWED****8. DATE OF BIRTH****9-9-1882**

9. AGE last birthday

**73** yrs.

IF UNDER 1 YEAR

Months Days Hours Min.

10b. KIND OF BUSINESS  
OR INDUSTRY**11. BIRTHPLACE (State or foreign country)****Nelsonville, Ohio**12. CITIZEN OF WHAT  
COUNTRY?**13. FATHER'S NAME****Frank K. Boring****14. MOTHER'S MAIDEN NAME****Addie Greathouse**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no, or unk.) **Yes** (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

**17. INFORMANT & ADDRESS****JOHN W. BORING, MT. LAKE PARK LD.**INTERVAL BETWEEN  
ONSET AND DEATH**3 weeks****18. MEDICAL CERTIFICATION****260x**

IMMEDIATE CAUSE

(A)

DUE TO

DISEASES OR CONDITIONS, IF ANY, (B)  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST. (C)

DUE TO

STATING UNDERLYING CAUSE LAST. (C)

**260x** **Acute congestive heart failure**INTERVAL BETWEEN  
ONSET AND DEATH**3 weeks**

DISEASES OR CONDITIONS, IF ANY, (B)

GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST. (C)

DUE TO

125

12

12

125

125

125

125

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 145-10W

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12566

## 11994 CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR TOWN)	GARRETT OAKLAND	MARYLAND LENGTH OF STAY (in this place) 22 DAYS	STATE MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CRELLIN STREET ADDRESS (If rural give location)
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year) OF DEATH DECEMBER 31, 1955.	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH MARCH 28, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY MOATS	
11. BIRTHPLACE (State or foreign country) WEST VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JOHN MORGAN MOATS		14. MOTHER'S MAIDEN NAME ANNIE SHIPP	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS AMOS MOATS, CRELLIN, MARYLAND	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) <i>Cerebro-vascular accident</i> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH 1 month.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. et work		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> 21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-30</i> , 19 <i>55</i> , to <i>12-31</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>12-30</i> , 19 <i>55</i> , and that death occurred at <i>1:05 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>Thomas J. Lundy</i> M.D. ADDRESS (Street, city, town, state) <i>Oakland Md</i> DATE SIGNED <i>12/31/55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF JAN-2-1956	NAME OF CEMETERY OR CREMATORIAL AURORA CEMETERY
24. REC'D BY REGISTRAR Jan 2/5/		REGISTRAR'S SIGNATURE Frederick Bowen Jr	25. FUNERAL DIRECTOR'S SIGNATURE Emory Bolden
DATE		ADDRESS W.V.A.	
LOCATION (City, town, or county) (State) AURORA OAKLAND MD.			



## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-5 10W

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11988

## 11995 CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR TOWN	Garrett Bloomington	MARYLAND LENGTH OF STAY (In this place)	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS
HOSPITAL OR INSTITUTION OR STREET ADDRESS	75 yrs Bloomington (If rural give location)		
3. NAME OF (First) (Middle) (Last) (Type or Print)		4. DATE (Month) (Day) (Year) OF DEATH	
Charles	Daley	Moorehead	Dec. 20 1955
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH June 4, 1880
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Coal -	9. AGE last birthday 75 IF UNDER 1 YEAR Months Days Hours Min.
Miner-retired		W. Va.	19 hrs. yrs.
13. FATHER'S NAME Robert Moorehead		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? / (Yes, no, or unk.) / (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 236-03-3985	17. INFORMANT & ADDRESS Mrs. Fannie Moorehead, Md.
18. MEDICAL CERTIFICATION IMMEDIATE CAUSE 401a (A) Coronary Thrombosis ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) 2 days GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) 7 days Syringomyelia		INTERVAL BETWEEN ONSET AND DEATH	
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>12/15 1955</u> to <u>12/20 1955</u> , that I last saw the deceased alive on <u>12/20 1955</u> , and that death occurred at <u>6 a.m.</u> from the causes and on the date stated above. SIGNATURE <u>Re. Berry</u> ADDRESS (Street, city, town, state) <u>Piedmont, W. Va.</u> DATE SIGNED <u>12/20/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 12/22/55	NAME OF CEMETERY OR CREMATORIAL Philes Cemetery
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>12-20-55 Dorsey Patterson</u>	LOCATION (City, town, or county) Westernport, Md.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		<u>W. Harold Franklin Piedmont, W. Va.</u>	

DUMLAU V. S

DEC ~ 1955

UNIVERSITY

**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

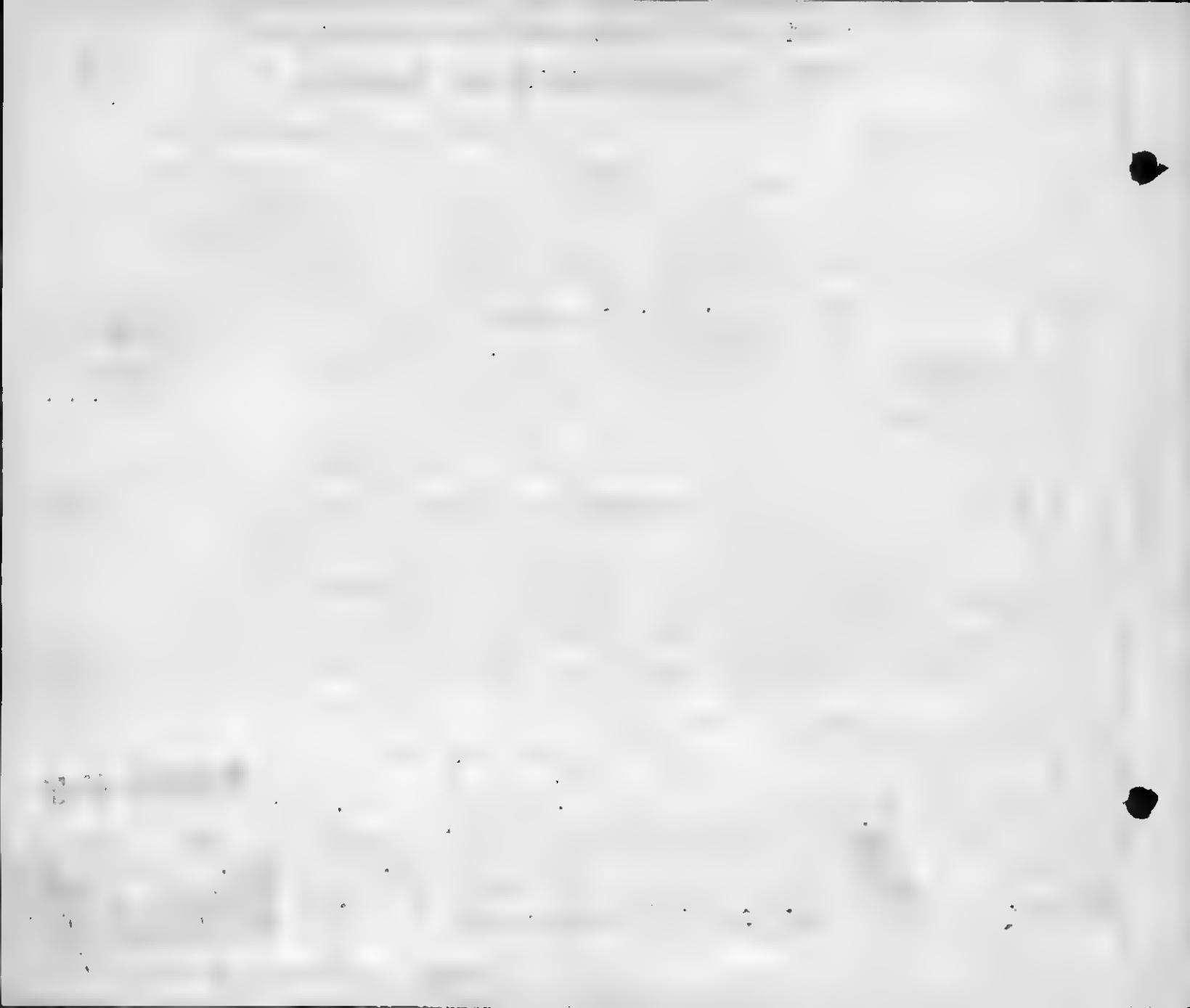
VS AIFC 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**

**11996 CERTIFICATE OF DEATH**

12561  
166  
Reg. Dist. No. ....

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
CITY OR TOWN		CITY OR TOWN		STATE CITY OR TOWN		STATE CITY OR TOWN	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)		STATE MARYLAND CITY OAKLAND		STATE MARYLAND CITY OAKLAND	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS		(If rural give location)	
GARRETT COUNTY HENRY L. HOSPITAL				112 LIBERTY ST. OAKLAND			
<b>3. NAME OF DECEASED</b> (Type or Print)				<b>4. DATE OF DEATH</b> DECEMBER 23 1955			
JANE M. Edgar PECK							
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH JULY 21, 1886	9. AGE less birthday 69 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				11. BIRTHPLACE (State or foreign country) MARYLAND			
13. FATHER'S NAME JOHN EDG.R				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
17. INFORMANT & ADDRESS JOSEPH PECK, 112 LIBERTY ST., OAKLAND							
<b>18. MEDICAL CERTIFICATION</b>							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Cerebral Thrombus							
II. IMMEDIATE CAUSE (A) _____							
ANTECEDENT CAUSE(S) DUE TO _____							
DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO _____							
III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension and Arteriosclerosis							
IV. INTERVAL BETWEEN ONSET AND DEATH 5 days							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County)		(State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? DEC			
22. I hereby certify that I attended the deceased from Dec. 22, 1955, to Dec. 23, 1955, that I last saw the deceased alive on Dec. 22, 1955, and that death occurred at 3:21 A.M. from the causes and on the date stated above.							
SIGNATURE <i>Ed. Baumgartner</i> ADDRESS (Street, city, town, state) 25 Alder St., Oakland, Md. DATE SIGNED 12/23/55							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF DEC 26 1955		NAME OF CEMETERY OR CREMATORIAL HAYEVILLE		LOCATION (City, town, or county) NEAR M'HENRY. MD. (State)	
24. REC'D BY REGISTRAR DATE Dec 26/55		REGISTRAR'S SIGNATURE Julia Rowan R.P.		25. FUNERAL DIRECTOR'S SIGNATURE Emory Bolden		ADDRESS OAKLAND MD.	



11997

11989

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 172

1. PLACE OF DEATH: Garrett COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED: W. Va. STATE Mineral COUNTY	
CITY (If outside corporate limits, write RURAL OR TOWN <u>Kitzmiller</u> )		LENGTH OF STAY (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Potomac River Bank</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (Type or Print) <u>CONSTANTINE</u>		(First) (Middle) (Last) <u>RAD</u>	4. DATE OF DEATH December 16 1955
5. SEX: MALE	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH: <u>MAY 21, 1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mines</u>	11. BIRTHPLACE (State or foreign country): <u>Romanian</u>
13. FATHER'S NAME: <u>unknown</u>		14. MOTHER'S MAIDEN NAME: <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY No.: <u>234-03-1413</u>	17. INFORMANT & ADDRESS: <u>United Mine Workers of A. Records</u>
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			
Immediate cause (a) <u>Accident due to freezing.</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
Antecedent cause(s) Diseases or conditions, if any, (b) <u>Over exposure.</u> giving rise to the above cause stating underlying cause last (c) <u>Acute alcoholism.</u>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, of office, etc., INJURY <u>River Bank</u> )	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Dec. 16, 1955 M.</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fell and froze to death from exposure</u>			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <u>Dee M. J. Baker</u>			
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>12/22/55</u> NAME OF CEMETERY OR CREMATORIAL <u>I.O.O.F. Cemetery</u> LOCATION (City, town, or county) (State) <u>Elk Garden, Mineral, W. Va.</u>	
DATE REC'D BY LOCAL REG. <u>12/24/55</u>		REGISTRAR'S SIGNATURE <u>W. M. Harwick</u> 24. FUNERAL DIRECTOR <u>W. M. Harwick</u> ADDRESS <u>Blaine, W. Va.</u>	

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct  
age is especially important. Physicians: please write the causes of death clearly and legibly.



**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-10A

**MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18****11998 CERTIFICATE OF DEATH**

11998  
166

Reg. Dist. No.

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <b>Garrett</b>		MARYLAND		STATE <b>Maryland</b>		COUNTY <b>Allegany</b>	
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL end give nearest town)			
X TOWN <b>Oakland</b>		2 weeks		TOWN <b>Cumberland</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Evans Nursing Home</i>				STREET ADDRESS <i>632 Fayette St.</i>			
				(If rural give location)			
<b>3. NAME OF DECEASED (Type or Print)</b> <b>MARY</b> <b>ANN</b> <b>RIZER</b>				<b>4. DATE OF DEATH</b> <b>Dec. 5, 1955</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>July 3, 1880</b>	
9. AGE last birthday <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (State or foreign country) <b>Frostburg, Md.</b>	
13. FATHER'S NAME <b>Frederick Rowe</b>				14. MOTHER'S MAIDEN NAME <b>Sarah Evans</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <b>NO</b>				16. SOCIAL SECURITY NO. <b>None</b>			
17. INFORMANT & ADDRESS <b>Harry F. Rizer, Cumberland, Md.</b>				18. MEDICAL CERTIFICATION <i>Acute O'soathic</i>			
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>Acute O'soathic</i>				20. INTERVAL BETWEEN ONSET AND DEATH <b>500,2</b>			
IMMEDIATE CAUSE (A) <i>Acute O'soathic</i>				ANTECEDENT CAUSE(S) DUE TO <i>Acute O'soathic</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) <i>Acute O'soathic</i>				DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <i>Acute O'soathic</i>			
21a. DATE OF OPERATION				21b. MAJOR FINDINGS OF OPERATION <i>Generalized Arthrosclerosis</i>			
21c. WHERE DID INJURY OCCUR? (City or town) <b>None</b>				(County) <b>None</b> (State) <b>None</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec. 7, 1955</b>				21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? <i>None</i>							
<b>22. I hereby certify that I attended the deceased from <b>Nov 23, 1955</b> to <b>Dec 5, 1955</b>, that I last saw the deceased alive on <b>Dec 4, 1955</b>, and that death occurred at <b>None</b>, M, from the causes and on the date stated above.</b>							
<b>SIGNATURE</b> <i>John B. Rizer father</i>				<b>ADDRESS</b> (Street, city, town, state) <b>None</b> <b>DATE SIGNED</b> <b>12/6/55</b>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>				DATE THEREOF <b>Dec. 7, 1955</b>		NAME OF CEMETERY OR CREMATORIAL <b>Hill Crest Cemetery</b>	
				REGISTRAR'S SIGNATURE <b>Julia Rowan LP</b>		LOCATION (City, town, or county) <b>Cumberland, Md.</b>	
24. REC'D BY REGISTRAR <b>12/6/55</b>				DATE <b>12/6/55</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>William H. Kight, Cumberland, Md.</b>	

## 3. A. 11

1955 2 10

DEALER

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10W

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12581  
166

## 11999 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY Allegany Cumberland 01-0000 505 Central Ave
Barrett Mt. Lake Park	1 month	Md.	Allegany Cumberland 01-0000 505 Central Ave
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90	Riser Nursing Home	STREET ADDRESS (If rural give location)	505 Central Ave
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year) OF DEATH	
Eleanor K SENKBEIL		Dec. 28 1955	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Marr.	8. DATE OF BIRTH 2/12/1890
9. AGE last birthday 65 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME Henry Smith		
14. MOTHER'S MAIDEN NAME Emma Hammon		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No	
16. SOCIAL SECURITY NO. 776		17. INFORMANT & ADDRESS Arbatus Senkbeil-Cumberland	
18. MEDICAL CERTIFICATION IMMEDIATE CAUSE (A) Heart Failure		INTERVAL BETWEEN ONSET AND DEATH Five Hours	
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) _____ (C) _____		DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 11/30 1955, to 12/28 1955, that I last saw the deceased alive on 12/23 1955, and that death occurred at 11A.M. from the causes and on the date stated above. SIGNATURE Thomas J. Gruoly		21f. HOW DID INJURY OCCUR? ADDRESS (Street, city, town, state) M.D. Oakland, Md 12/28/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 12/31/55	
24. REC'D BY REGISTRAR DATE 12/31/55		NAME OF CEMETERY OR CREMATORIAL Trinity Lutheran	
REGISTRAR'S SIGNATURE John C. Rowan		LOCATION (City, town, or county) Cumberland, Md	
25. FUNERAL DIRECTOR'S SIGNATURE Louis Stein, Inc.		ADDRESS Louis Stein, Inc. Cumberland	



**INSTRUCTIONS**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been **executed** by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

**MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**

12000

**CERTIFICATE OF DEATH**11991  
166

Reg. Dist. No.

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	GARRETT OAKLAND	MARYLAND LENGTH OF STAY (in this place)	STATE MD CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)		
<b>3. NAME OF DECEASED (Type or Print)</b>		<b>4. DATE OF DEATH</b>	
ROBERT		ELMER	SHAFFER
5. SEX MALE	6. CO. OR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH JUNE-13-1955
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) TURNER DUGLAS W.VA.	9. AGE last birthday 12 yrs. 5 months 26 days 19 hours 55 minutes
13. FATHER'S NAME ROBERT SHAFFER	14. MOTHER'S MAIDEN NAME MINNIE MAULE	12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS ROBERT SHAFFER CRELLIN MD.	
<b>18. MEDICAL CERTIFICATION</b>			
502.1 IMMEDIATE CAUSE (A) Aspiration of Vomitus ANTECEDENT CAUSE(S) DUE TO (B) Bronchitis, mild DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
10 minutes 24 hrs			
<b>19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) 7-11, 1955, to 12-8, 1955	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
<b>22. I hereby certify that I attended the deceased from 7-11, 1955, to 12-8, 1955, that I last saw the deceased alive on 12-8, 1955, and that death occurred at 8:30A.M. from the causes and on the date stated above.</b>			
SIGNATURE John H. Fenster, M.D.		ADDRESS (Street, city, town, state) 38 2nd St. Oakland, Md.	DATE SIGNED 12-8-55
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	DATE THEREOF DEC-11-1955	NAME OF CEMETERY OR CREMATORIAL OAKLAND CEMETERY	LOCATION (City, town, or county) OAKLAND
24. REC'D BY REGISTRAR DATE 12/11/55	REGISTRAR'S SIGNATURE Julia Powers R	25. FUNERAL DIRECTOR'S SIGNATURE Emroy Bolden	ADDRESS OAKLAND MD.

GEREAU V. L

DEC

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate shall be retained by the funeral director, the third copy of this death certificate shall be attached for use as a burial transit permit.

VS AISC 155 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

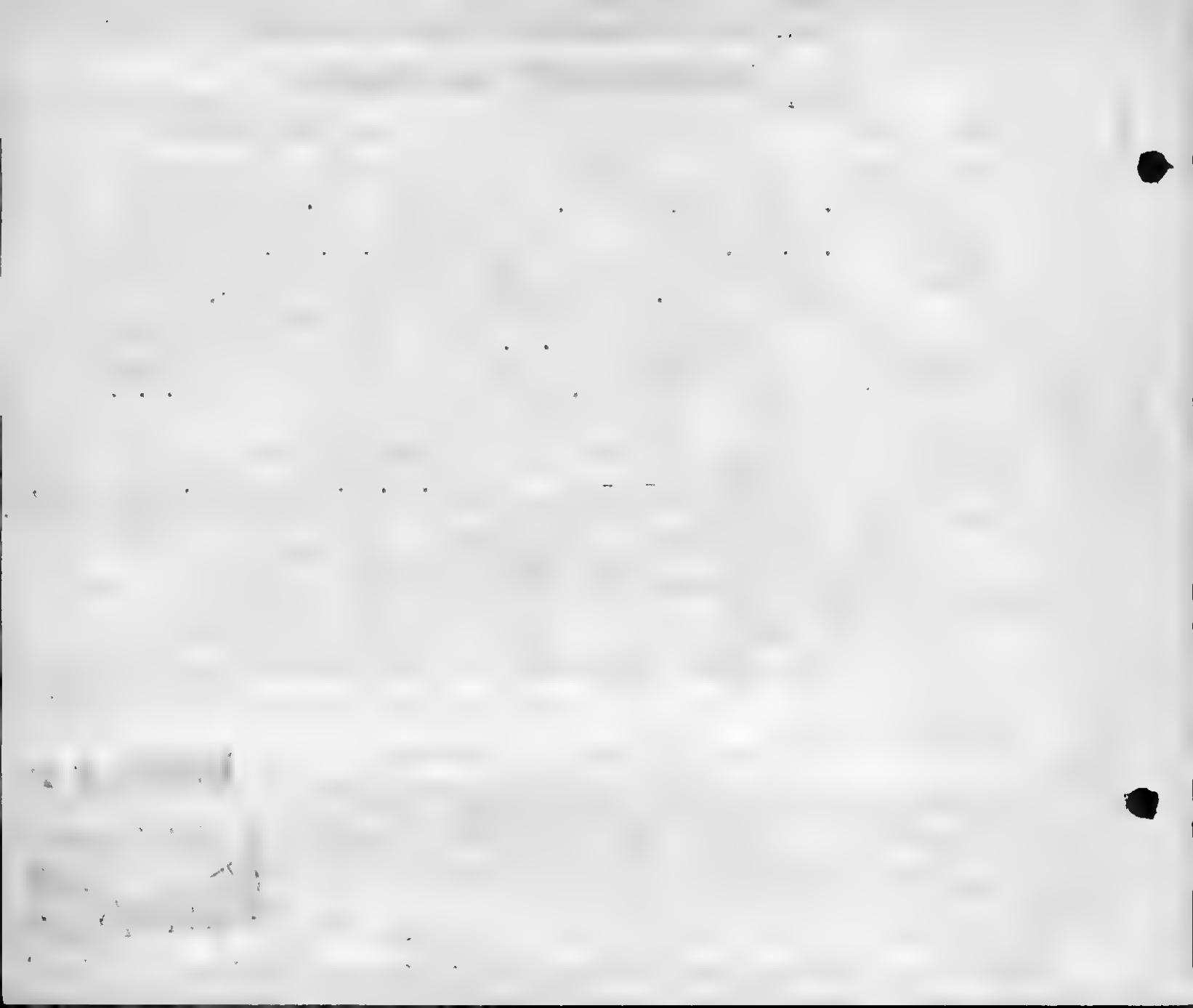
12562

## CERTIFICATE OF DEATH

12001

Reg. Dist. No. 166

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
CITY OR TOWN		MARYLAND	STATE Maryland		COUNTY Garrett
X Rural Mt. Lake Park,		17 yrs.	CITY OR TOWN		Rural Mt. Lake Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS		
2 Mi. S. Mt. Lake Park			2 Mi. S. Mt. Lake Park		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
Kenneth N. Swick			Dec. 31, 1955		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months Days Hours Min.
Male	White		Nov. 7, 1867	88 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		
Retired Track Forman			Railroad Co.		
11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?		
West Virginia			U.S.A.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Nimrod Swick			Jane Thorn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)			16. SOCIAL SECURITY NO.		
No			17. INFORMANT & ADDRESS		
			Mrs. J. B. King Mt. Lake Park,		
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (A)			Art. C. V. T. with Heart Failure		
ANTECEDENT CAUSE(S) DUE TO (B)			years		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			Chronic bronchitis & Senility		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			21b. PLACE (Home, term, lecary, OF INJURY street, office bldg., etc.)		
21c. WHERE DID INJURY OCCUR? (City or town)			(County) (State)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		
			21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 21 Nov., 1949, to Oct., 1955, that I last saw the deceased alive on Oct., 1955, and that death occurred at 2:00 P.M. from the causes and on the date stated above.					
SIGNATURE <i>James J. Cawley</i> M.D. ADDRESS (Street, city, town, state) <i>Cabelland Md.</i> DATE SIGNED <i>1/2/56</i>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			DATE THEREOF 1/3/1956 NAME OF CEMETERY OR CREMATORIAL King Cemetery		
24. REC'D BY REGISTRAR DATE 1/2/56			LOCATION (City, town, or county) Near Mt. Lake Park, Md.		
REGISTRAR'S SIGNATURE <i>John Brown</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herbert C. Daugherty, Oakland, Md.		



## INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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## 12002 CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Garrett CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN Rural Deer Park		STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Oakland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Mi. S. Deer Park		LENGTH OF STAY (in this place) 1 month	
3. NAME OF DECEASED (Type or Print)		STREET ADDRESS Eighth Street	
Luther Sherman		Warnick	
4. DATE (Month) OF DEATH Dec. 4, 1955		(Day) (Year)	
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH Sept. 21, 1885	
9. AGE last birthday 70 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Bouse Warnick		14. MOTHER'S MAIDEN NAME Clarcie Beaver	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. 219-14-6781	
17. INFORMANT & ADDRESS Luther Warnick, Deer Park, Md.		18. MEDICAL CERTIFICATION Acute myocardial infarction Cardio-Vascular Renal Disease with edema	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 442 X		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A)		DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)	
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, term, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept. 1, 1955</u> to <u>Dec. 4, 1955</u> , that I last saw the deceased alive on <u>Dec. 4, 1955</u> , and that death occurred at <u>2:45 A.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>Ralph Colandella</u> M.D. ADDRESS (Street, city, town, state) <u>Kensville, Md.</u> DATE SIGNED <u>Dec. 5-55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 12/6/1955 NAME OF CEMETERY OR CREMATORIUM Turner Cemetery	
24. REC'D BY REGISTRAR DATE 12/5/55		REGISTRAR'S SIGNATURE <u>Julie O'Rourke</u> ADDRESS	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert C. Keayton</u> ADDRESS <u>Oakland, Md.</u>	

## INTRODUCING THE STADIUMITATION

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## CERTIFICATE OF DEATH

Reg. Dist. No. 166

## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-155 10/W

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <b>Garrett</b> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <b>Oakland</b> HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>70 Weeks Nursing Home</b>		MARYLAND LENGTH OF STAY (in this place) <b>172 mos</b> STREET ADDRESS <b>85x3</b> <b>WVVA</b>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
<b>ABRAHAM</b> (First) (Middle) (Last)		(Month) (Day) (Year) <b>Dec 5 55</b>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH
<b>Male</b>	<b>White</b>	<b>WIDOWED</b>	<b>AUG 27 1862</b>
9. AGE last birthday	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)
<b>93 yrs.</b>	<b>CARPENTER</b>		<b>CRANESVILLE, WVA</b>
12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
<b>JONATHAN WILHELM</b>	<b>NOT KNOWN</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.		
<b>9</b>	<b>NONE</b>		
17. INFORMANT & ADDRESS			
<b>BERLIN WILHELM</b> 18. MEDICAL CERTIFICATION IMMEDIATE CAUSE (A) <b>Heart Failure</b> ANTECEDENT CAUSE(S) DUE TO <b>Hypertensive + arteries durotic</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) <b>cardio vascular disease - years</b> STATING UNDERLYING CAUSE LAST. DUE TO <b>Sensitivity - chronic cystitis</b> (C)			
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
M. at work		While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10-21, 1955</b> , to <b>12-5, 1955</b> , that I last saw the deceased alive on <b>12-5, 1955</b> , and that death occurred at <b>2:05 PM</b> , from the causes and on the date stated above. SIGNATURE <b>Thomas S Gushy</b> M.D. ADDRESS (Street, city, town, state) <b>Oakland, Md 5dec55</b> DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county) (State)
<b>REMOVAL</b>	<b>12/8/55</b>	<b>CRANESVILLE</b>	<b>CRANESVILLE</b>
24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
<b>12/7/55</b>	<b>Jules A. Roway</b>	<b>HL BROWNING</b>	

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